



TRAVEL EXPENSE CLAIM FORM

N O I T S Annual Workshop 2008

Name:
Address:
Email address/telephone number:
Date:

Details of claim

	Date	From/to	Local currency	Conversion rate	NOK
Air travel					
Other travel					
Total					

Payment will be made by bank transfer. Please note that your bank will deduct any associated bank charges from amount claimed.

Please provide bank details:

Bank:	Bank's IBAN no:
Account number:	Bank's BIC address:
Account holder:	
Bank address:	

Signed by claimant:	Date:
Approved by organisers:	Date:

Please return this form with your tickets and receipts to:
Anne Liv Scrase, NHH, Helleveien 30, 5045 Bergen
Tel.: +47 55 95 95 75 / Fax: +47 55 95 93 50 /Email: Anneliv.Scrase@snf.no